

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/744618

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		2				
4		/				
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48		/				
49		/				
50		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52	/					
53		/				
54		/				
55		/				
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97		/				
98		/				
99		/				
100		/				
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	91	↔		↔		↔
TOTAL CLAIMS	97					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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